



United States Environmental Protection Agency (EPA)

Region 2

290 Broadway

New York, NY 10007-1866

Underground Storage Tank (UST) Inspection Form

INSPECTOR NAME(S):

JEFF BLAIR

DATE:

05/19/15

SIC CODE:

ICIS #:

| | | | |
|--|---------------------------------------|--|-------------------|
| I. Location of Tank(s) <input type="checkbox"/> Tribal | | II. Ownership of Tank(s) <input type="checkbox"/> same as location (I.) | |
| Facility Name SITE # 39885 | | Owner Name NJ ENERGY CORP. | |
| Street Address 468 ROUTE 17 NORTH | | Street Address 536 MAIN STREET | |
| City HASBROOK HEIGHTS, NY | State NY | City NEW PALTZ, NY | Zip Code 12561 |
| County BERGEN | | County | |
| Phone Number (201) 298-6600 | | Fax Number (845) 256-0162 | |
| Contact Person(s) EDGAR AMADOR, ENV. COMP. SPECIALIST | | Contact Person(s) SCOTT PARKER, DIRECTOR OF | |
| IIA. Ownership of Other Facilities | | | |
| <input type="checkbox"/> Do you own other UST Facilities <u>Yes</u> No | | | |
| If Yes, How many Facilities <u>210</u> | | How many USTs <u>698</u> | |
| III. Notification | | | |
| <input type="checkbox"/> Notification to implementing agency; name <u>NJ (EFFECTIVE THROUGH 12/31/16)</u> | | | |
| State Facility ID # <u>NJ 016932</u> | | | |
| IV. Financial Responsibility <u>TOKIO MARINE SPECIALTY INS. CO. (EXPIRES 03/18/16)</u> | | | |
| <input type="checkbox"/> State Fund | | <input checked="" type="checkbox"/> Private Insurance: Insurer/Policy # <u>PHPK147480</u> | |
| <input type="checkbox"/> Guarantee | <input type="checkbox"/> Surety Bond | <input type="checkbox"/> Letter of Credit | |
| <input type="checkbox"/> Local Government | <input type="checkbox"/> Self Insured | <input type="checkbox"/> Not Required (Federal & State government, hazardous substance USTs) | |
| V. Release History <u>N/A</u> | | | |
| <input type="checkbox"/> To your knowledge, are there any public or private Drinking Water Wells in the vicinity? <u>Yes</u> / <u>No</u> | | | |
| <input type="checkbox"/> Evidence of release or spills at facility | | <input type="checkbox"/> Greater than 25 gallons (estimate) | |
| <input type="checkbox"/> Releases reported to implementing agency; if so, date(s) <u>[280.53]</u> | | | |
| <input type="checkbox"/> Release confirmed; when and how | | | |
| <input type="checkbox"/> Initial abatement measures and site characterization | | <input type="checkbox"/> Free product removal | |
| <input type="checkbox"/> Soil or ground water contamination | | <input type="checkbox"/> Corrective action plan submitted | |
| <input type="checkbox"/> Remediation ongoing | | <input type="checkbox"/> Remediation completed, no further action; date(s) | |
| Notes: | | | |

| VI. Tank Information | Tank No. | E1 | E2 | E3 | | | |
|---|-------------------|-------------------|---------|---------|--|--|--|
| Tank presently in use | | YES | → | → | | | |
| If not, date last used | (see Section XII) | | | | | | |
| If empty, verify 1" or less left | (see Section XII) | | | | | | |
| Capacity of Tank (gal) | | 12,000G | 10,000G | → | | | |
| Substance Stored | | REG GAS | DIESEL | PRE GAS | | | |
| M/Y Tank Installed / Upgraded | | 01/89 | → | → | | | |
| <u>Tank Construction:</u> Bare steel, Sti-P3, Retrofitted sacrificial anode, Impressed Current, Composite, FRP, Interior lining, Vaulted, Double-walled (DW) | | FRP | → | → | | | |
| Spill Prevention | | SPILL BUCKETS | → | → | | | |
| Overfill Prevention (specify type) | | BALL FLOAT VALVES | → | → | | | |
| <u>Special Configuration:</u> Compartmentalized, Manifolded | | NO | → | → | | | |

VII. Piping Information

| | | | | | | | |
|---|--|----------|---|---|--|--|--|
| <u>Piping Type:</u> Pressure, Suction | | PRESSURE | → | → | | | |
| <u>Piping Construction:</u> Bare steel, Sacrificial Anode, Impressed Current, Flex, FRP, Double-walled (DW) | | FRP | → | → | | | |

Tank and Piping Notes:

VIII. Cathodic Protection

N/A ☒

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| Integrity Assessment conducted prior to upgrade | | | | | | | |
| <u>Interior Lining:</u> Interior lining inspected | | | | | | | |
| <u>Impressed Current:</u> CP Test records | | | | | | | |
| Rectifier inspection records | | | | | | | |
| <u>Sacrificial Anode:</u> CP test records | | | | | | | |

CP Notes:

| Tank No. | | E1 | E2 | E3 | | | | |
|--|----------------------------|-------------|----|----|--|--|--|--|
| IX. UST system used solely by Emergency Power Generator | | No → | | | | | | |
| X. Release Detection | | N/A □ | | | | | | |
| <u>Tank RD Methods</u> PASSING TTT ON 05/27/14 | ATG | YES → | | | | | | |
| | Interstitial Monitoring | | | | | | | |
| | Groundwater Monitoring | | | | | | | |
| | Vapor Monitoring | | | | | | | |
| | Inventory Control w/ TTT | | | | | | | |
| | Manual Tank Gauging | | | | | | | |
| | Manual Tank Gauging w/ TTT | | | | | | | |
| | SIR | | | | | | | |
| <u>12 Months Monitoring Records</u> (Must Make Available Last 12 Months For Compliance) | | * * NO → | | | | | | |
| Tank RD Notes: (State What Months Records Were Available, Describe Any Failures and Describe What Investigation Occurred Due to Failure) I REVIEWED PASSING CSD RESULTS FOR 10/12 PREVIOUS MONTHS (MISSING MAY + JUNE 2014 → TANKS T/A THOSE MONTHS) TANK MONITOR SIMPLICITY (VEEGER ROOT) | | | | | | | | |
| <u>Pressurized Piping RD Methods</u> | | N/A □ | | | | | | |
| <u>12 Months Monitoring Records</u> USING ELL ALLD | Interstitial Monitoring | | | | | | | |
| | Groundwater Monitoring | | | | | | | |
| | Vapor Monitoring | | | | | | | |
| | SIR | | | | | | | |
| | Annual Line Tightness Test | YES → | | | | | | |
| | Present | YES → | | | | | | |
| | Annual Test | YES → | | | | | | |
| Piping RD Notes: (State What Months Records Were Available, Describe Any Failures and Describe What Investigation Occurred Due to Failure) I REVIEWED PASSING LINE AND LEAK DETECTION TEST RESULTS (TEST DATES → 05/27/14 + 05/29/14) | | | | | | | | |

XI. RepairsN/A ☒

Repaired tanks and piping are tightness tested within 30 days of repair completion

Y ☐ N ☐ Unknown ☐

CP systems are tested/inspected within 6 months of repair of any cathodically protected UST system

Y ☐ N ☐ Unknown ☐

Records of repairs are maintained

Y ☐ N ☐ Unknown ☐**XII. Temporary Closure**N/A ☒

CP continues to be maintained

Y ☐ N ☐ Unknown ☐

UST system contains product and release detection is performed

Y ☐ N ☐ Unknown ☐

Cap and secure all lines, pumps, manways

Y ☐ N ☐ Unknown ☐

Notes: /

NJ016932



THE UNITED STATES ENVIRONMENTAL PROTECTION AGENCY (EPA) REGION 2 UST
PROGRAM
Underground Storage Tank Team
New York, NY 10007-1866

Facility Name SITE # 39885
Address 463 RYE LN, HASBROOK HEIGHTS
UST Reg # NJ 016932

Inspector Observation Report

Inspection of Underground Storage Tanks (USTs)

- ☐ No violations observed at the conclusion of this inspection.
- ☐ The above named facility was inspected by a duly authorized representative of EPA Region 2, and the following are the inspector's observations and/or recommended corrective action(s):

Potential Violations Observed:

| Regulatory Citation | Violation Description |
|---------------------|---|
| § 230.45 | POSSIBLE FAILURE TO MAINTAIN RECORDS OF RELEASE |
| § | DETECTION MONITORING |
| § | |
| § | |
| § | |
| § | |
| § | |
| § | |
| § | |

Actions Taken:

☐ Field Citation; # _____ ☐ Additional information required ☐ On-site request/Due date _____

Comments/Recommendations:

- PROVIDED ONLY 10/12 PREVIOUS MONTHS OF TANK
RELEASE DETECTION RESULTS

Name of Owner/Operator Representative:

Edgar Arc
(Please print)

[Signature]
(Signature)

Other Participants: _____

Name of EPA Inspector/representative

JEFFREY K BLANK

(Please print)
Jeffrey K Blank
(Signature)

(Credential Number)

Date of Inspection 05/19/15 Time 12:25 AM/PM

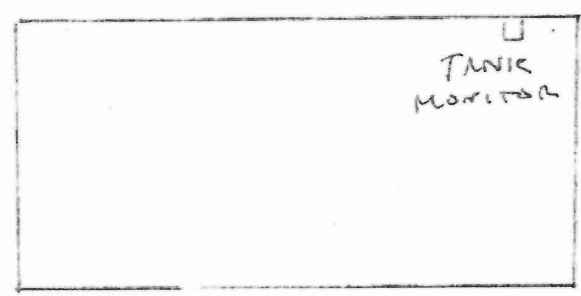
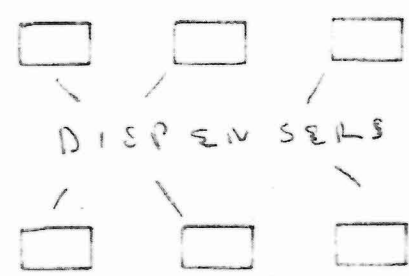
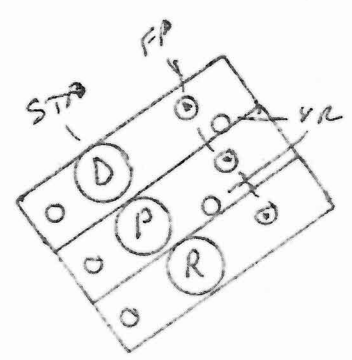
SITE DRAWING

DATE: 05/19/15 TIME ON SITE: 12:00 PM TIME OFF SITE: 12:30 PM

WEATHER: 70° + SLIGHTLY RAINING

ENVIRONMENTALLY SENSITIVE AREA: Y ☐ N ☒
If "Yes", please describe:

GPS ADOP USES:
40.96032° N
-74.06925° W



PHOTOS

- 232 FP REG
- 233 STP REG
- 234 FP PRE
- 235 STP PRE
- 236 FP DIE
- 237 STP DIE
- 238 FUEL PAD
- 239 INSIDE DISPENSER
- 240 TANK MONITOR
- 241 SITE

☒ Pictures

Required Fields to be used for ICIS Only

Compliance Monitoring

Activity: UST Inspection

Inspection Conclusion Data Sheet

1) Did you observe deficiencies (preferred violations) during the on-site inspection? **Yes**

Deficiencies observed: (Put an X for each observed deficiency)

☒ Potential failure to complete or submit a notification, report, certification, or manifest

☒ Potential failure to follow or develop a required management practice or procedure

☒ Potential failure to maintain a record or failure to disclose a document

☒ Potential failure to maintain/inspect/repair meters, sensors, and recording equipment

☐ Potential failure to report regulated events, such as spills, accidents, etc.

2) If you observed deficiencies, did you communicate the deficiencies to the Facility during the inspection? **Yes / No**

3) Did you observe the Facility take any actions during the inspection to address the deficiencies noted? **Yes / (No)**

If yes, what actions were taken?

4) Did you provide general Compliance Assistance in accordance with the policy on the role of the EPA Inspector in providing Compliance Assistance during Inspections? **(Yes) / No**

5) Did you provide site-specific Compliance Assistance in accordance with the policy on the role of the EPA Inspector in providing Compliance Assistance during the inspection? **(Yes) / No**

Release Prevention Compliance Measures Matrix

| Regulatory Subject Area | Measure # | SOC Measure / Federal Citation | In Compliance? | | |
|--|-----------|--|----------------|---|---|
| | | | N/A | Y | N |
| I. Spill Prevention | 1 | Spill prevention device is present and functional. [280.20(c)(1)(i), 280.21(d)] | | ✓ | |
| II. Overfill Prevention | 2 | Overfill prevention device is present and operational. [280.20(c)(1)(ii), 280.21(d)] | | ✓ | |
| | | <input type="checkbox"/> Automatic shutoff is operational (ie., device not tampered with or inoperable) [280.20(c)(1)(ii)(A), 280.21(d)] <input type="checkbox"/> Alarm is operational. [280.20(c)(1) (ii)(B), 280.21(d)] <input type="checkbox"/> Alarm is audible or visible to delivery driver. [280.20(c)(1) (ii)(B), 280.21(d)] <input checked="" type="checkbox"/> Ball float is operational. [280.20(c)(1)(ii)(B), 280.21(d)] | | | |
| III a. Operation and Maintenance | 3 | Repaired tanks and piping were tightness tested within 30 days of repair completion (not required w/internal inspections or if monthly monitoring is in use). [280.33(d)] | ✓ | | |
| III b. Operation and Maintenance of Corrosion Protection | 4 | CP systems were tested/inspected within 6 months of repair of any cathodically protected UST system. [280.33(e)] | ✓ | | |
| | 5 | Corrosion protection system is properly operated and maintained to provide continuous protection. [280.31(a)(b), 280.70(a)] <input type="checkbox"/> UST system (Choose one) <input type="checkbox"/> UST in operation <input type="checkbox"/> UST in temporary closure <input type="checkbox"/> CP System is properly operated and maintained <input type="checkbox"/> CP system is performing adequately based on results of testing. [280.31(b)]; - or - <input type="checkbox"/> CP system tested within required period and operator is conducting or has completed appropriate repair in response to test results reflecting CP system not providing adequate protection. | ✓ | | |

Release Prevention Compliance Measures Matrix

| Regulatory Subject Area | Measure # | SOC Measure / Federal Citation | In Compliance? | | |
|--|-----------|---|---------------------------------------|---|---|
| | | | N/A | Y | N |
| III b. Operation and Maintenance of Corrosion Protection (Continued) | 6 | UST systems with impressed current cathodic protection are inspected every 60 days. [280.31(c)] | ✓ | | |
| | 7 | Lined tanks are inspected periodically and lining is in compliance. [280.21(b)(1)(ii)] | ✓ | | |
| IV. Tank and Piping Corrosion Protection | 8 | Buried metal tank and piping (which includes fittings, connections, etc.) is corrosion protected. [280.20(a), 280.20(b), 280.21(b), 280.21(c)] | | ✓ | |
| | | <input type="checkbox"/> Buried metal piping components (such as swing joints, flex-connector, etc.) are isolated from the soil or cathodically protected. For new USTs - tanks and piping installed after 12/22/88 [280.20(a), 280.20(b)]: <input type="checkbox"/> Steel tank or piping is coated with suitable dielectric material and cathodically protected. [280.20(a)(2), 280.20(b)(2)] <input checked="" type="checkbox"/> Tank is fiberglass, clad, or jacketed and piping is fiberglass or flexible plastic. [280.20(a)(1), 280.20(a)(3), 280.20(a)(5), 280.20(b)(1), 280.20(b)(4)] <input type="checkbox"/> Records are available to document that CP is not necessary. [280.20(a)(4)(ii), 280.20(b)(3)(ii)] For existing USTs - tanks and piping installed on or before 12/22/88 [280.21(b), 280.21(c)]: <input type="checkbox"/> Tank and piping meet new UST requirements [280.21(a)(1)] <input type="checkbox"/> Steel tank is internally lined. [280.21 (b)] <input type="checkbox"/> Metal tank and piping are cathodically protected. [280.21(b)(2), 280.21(c)] | INSTALL DATE LISTED AS 01/88 | | |

Notes: N/A - Indicates that the measure is not applicable.

Any mark in the "N" (No) column means that the facility is not in Significant Operational Compliance (SOC) with Release Prevention Compliance Measures. In order for a compliance measure to be in SOC, all applicable check-box items must be in compliance.

Release Detection Compliance Measures Matrix

Instructions - To Determine Compliance Status of Measures #1-7,
Work Through the Worksheet "Commonly Used Release Detection Methods" Below.

| Regulatory Subject Area | Measure # | SOC Measure/ Federal Citation | In Compliance? | | |
|---|-----------|---|----------------|---|---|
| | | | N/A | Y | N |
| I. Release Detection Method Presence and Performance Requirements | 1 | Release detection method is present. [280.40(a)] | | ✓ | |
| | 2 | Release detection system is operating properly (i.e., able to detect a release from any portion of the system that routinely contains product). [(280.40(a)(1)] | | ✓ | |
| | 3 | Release detection system meets the performance standards at 280.43 or 280.44. [(280.40(a)(3)] | | ✓ | |
| | 4 | Implementing agency has been notified of suspected release as required. [(280.40(b)] <input type="checkbox"/> Non-passing results reported and resolved in accordance with implementing agency's directions. [280.40(b)] | ✓ | | |
| II. Release Detection Testing | 5 | Tanks and piping are monitored monthly for releases and records are available (must have records for the two most recent consecutive months and for 8 months of the last 12 months). [280.41(a), and 280.45(b)] | | | ✓ |
| III. Hazardous Substance UST Systems | 6 | Hazardous substance UST system leak detection meets the requirements (i.e., either secondarily contained or otherwise approved by the implementing agency). [280.42(b)] | ✓ | | |
| IV. Temporary Closure | 7 | Release detection requirements are complied with (i.e., method present, operational, releases investigated and reported as required) for UST systems containing product. [280.70(a)] | ✓ | | |

Worksheet - Commonly Used Release Detection Methods

| Tank (Choose one) | Pressurized Pipe (Choose Two) | Non-exempt Suction Pipe (Choose one) | Release Detection Method |
|--------------------------|----------------------------------|---|--|
| <input type="checkbox"/> | | | A. Inventory Control with Tank Tightness Testing (T.T.T) <input type="checkbox"/> Inventory control is conducted properly. <input type="checkbox"/> T.T.T. performed as required (See "D" below). <input type="checkbox"/> Inventory volume measurements for inputs, withdrawals, and remaining amounts are recorded each operating day and reconciled as required. [280.43(a)(1), 280.43(a)(3)] <input type="checkbox"/> Equipment is capable of 1/8-inch measurement. [280.43(a)(2)] <input type="checkbox"/> Product dispensing is metered and recorded within local standards for meter calibration to required accuracy. [280.43(a)(5)] <input type="checkbox"/> Water is monitored at least monthly. [280.43(a)(6)] |

Release Detection Compliance Measures Matrix

Worksheet (Continued) - Commonly Used Release Detection Methods

| Tank (Choose one) | Pressurized Pipe (Choose Two) | Non-exempt Suction Pipe (Choose one) | Release Detection Method |
|--------------------------|----------------------------------|---|---|
| <input type="checkbox"/> | | | B. Automatic Tank Gauge (ATG) <input checked="" type="checkbox"/> ATG is set up properly. [280.40(a)(2)] <input checked="" type="checkbox"/> ATG can detect a 0.2 gal/hr leak rate from any portion of the tank routinely containing product. [280.43(d)(1)] <input type="checkbox"/> ATG is checking portion of tank that routinely contains product. [280.40(a)(1)] |
| <input type="checkbox"/> | | | C. Manual Tank Gauging (MTG) <input type="checkbox"/> Tank size is appropriate for using MTG. [280.43(b)(5)] <input type="checkbox"/> Tanks 1001 gals (as per EPA memo) and greater restricted to use with T.T.T. (See "D" below) <input type="checkbox"/> Method is being conducted correctly. [280.43(b)(4)] <input type="checkbox"/> No liquid was added to or taken out of the tank during the test. [280.43(b)(1)] <input type="checkbox"/> Equipment is capable of 1/8-inch measurement. [280.43(b)(3)] |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | D. Tightness Testing (Safe Suction piping does not require testing) <input type="checkbox"/> Testing method is capable of detecting a 0.1 gal/hr leak rate from any portion of tank routinely containing product. [280.43(c)] <input checked="" type="checkbox"/> Tightness testing is conducted within specified time frames for method: <input type="checkbox"/> Tanks - every 5 years [280.41(a)(1)] <input checked="" type="checkbox"/> Pressurized Piping - annually [280.41(b)(1)(ii)] <input type="checkbox"/> Non-exempt suction piping - every 3 years [280.41(b)(2)] <input type="checkbox"/> Tightness testing is conducted following manufacturer's instructions. [280.40(a)(3)] |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | E. Ground Water or Vapor Monitoring <input type="checkbox"/> Ground water in the monitoring well is never more than 20 feet from the ground surface. [280.43(f)(2)] <input type="checkbox"/> Vapor monitoring well is not affected by high ground water. [280.43(e)(3)] <input type="checkbox"/> Site assessment has been done for vapor or ground water monitoring. [280.43(e)(6), 280.43(f)(7)] <input type="checkbox"/> Wells are properly designed and positioned. [280.43(e)(6), 280.43(f)(7)] |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | F. Interstitial Monitoring <input type="checkbox"/> Secondary containment can be used to detect a release [280.43(g)(1)], 280.43(g)(2)] <input type="checkbox"/> Sensor properly positioned. [280.40(a)(2)] |

Release Detection Compliance Measures Matrix

| Worksheet (Continued) - Commonly Used Release Detection Methods | | | |
|---|-------------------------------------|--|---|
| Tank (Choose one) | Pressurized Pipe (Choose Two) | Non-exempt Suction Pipe (Choose one) | Release Detection Method |
| | <input checked="" type="checkbox"/> | | G. Automatic Line Leak Detector (ALLD) <u>ALLD</u> <input checked="" type="checkbox"/> ALLD is present and operational. [280.44(a)] <input checked="" type="checkbox"/> Annual function test of the ALLD has been conducted and records are available. [280.44(a)] |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | H. Other Methods [e.g., Statistical Inventory Reconciliation (S.I.R.)] <input type="checkbox"/> The method can detect a 0.2 gal/hr leak rate or a release of 150 gal within a month and meet the 95/5 requirement [280.43(h)(1)]; or <input type="checkbox"/> The implementing agency has approved the method as being as effective as tank tightness testing, automatic tank gauging, vapor monitoring, ground water monitoring, or interstitial monitoring and the operator complies with any conditions imposed by agency. [280.43(h)(2)] <input type="checkbox"/> S.I.R. - Results are received within time frame established by implementing agency. [280.41(a) & 280.43(h)] |

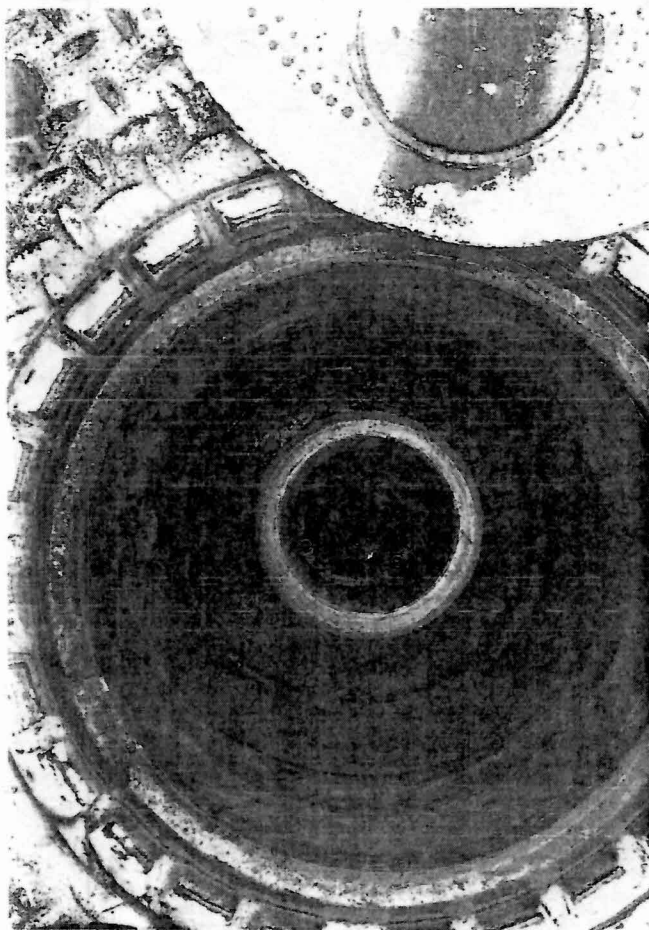
Notes: N/A - Indicates that the measure is not applicable.

Any mark in the "N" (No) column means that the facility is not in Significant Operational Compliance (SOC) with Release Detection Compliance Measures.

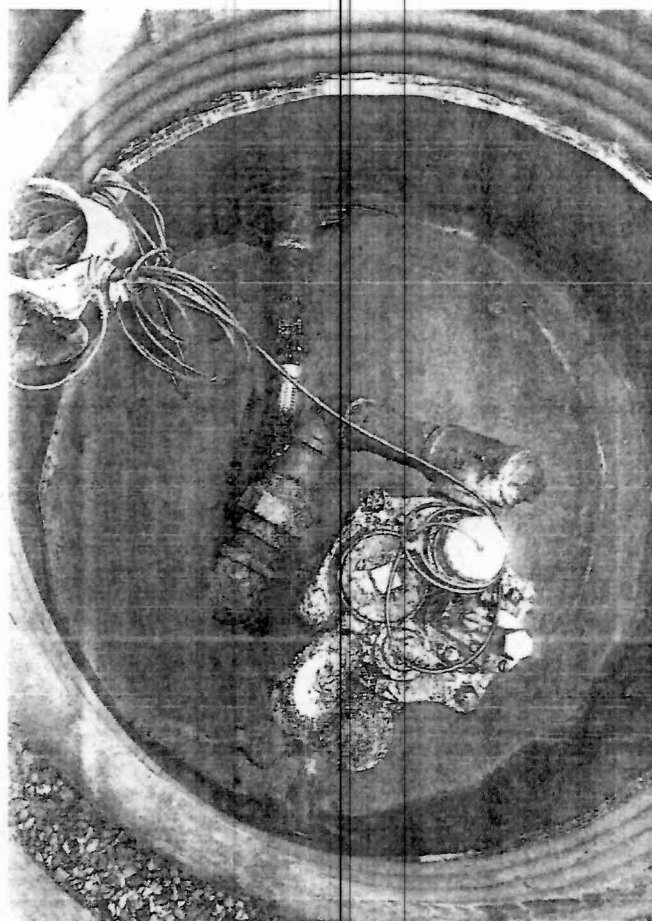
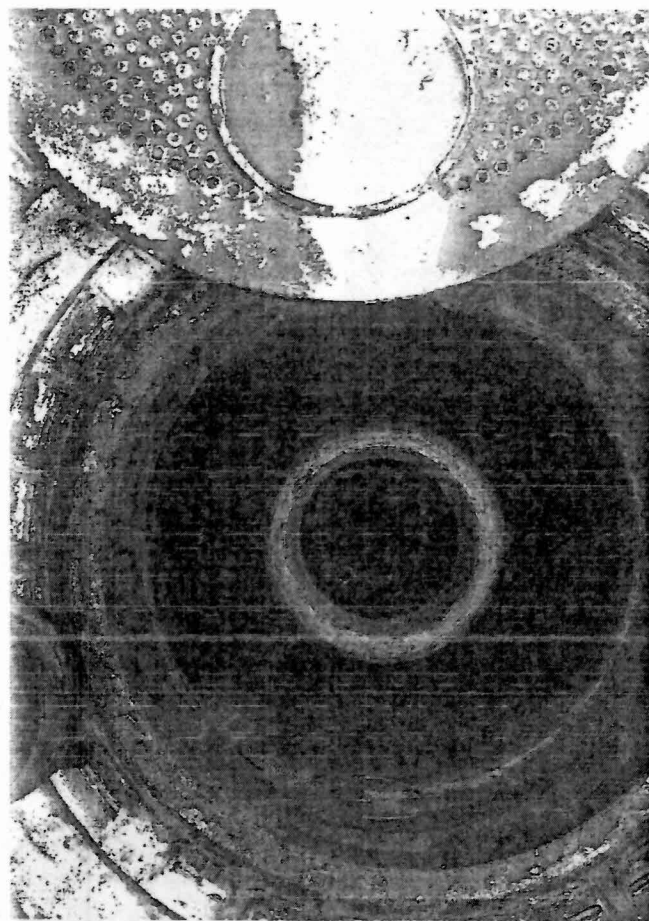
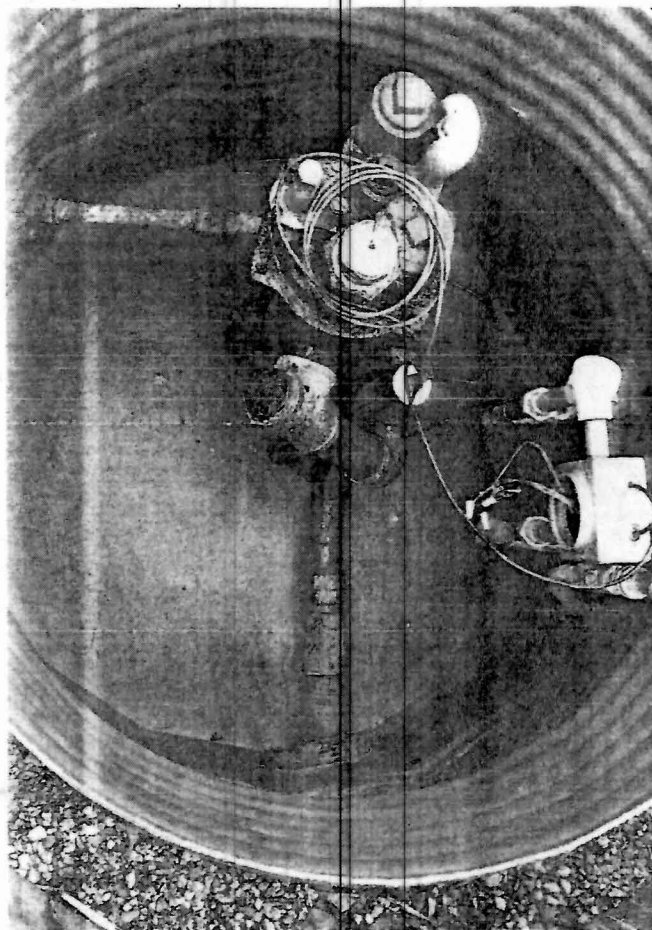
In order for a compliance measure to be in SOC, all applicable check-box items must be in compliance.

232

NT 011,932



233



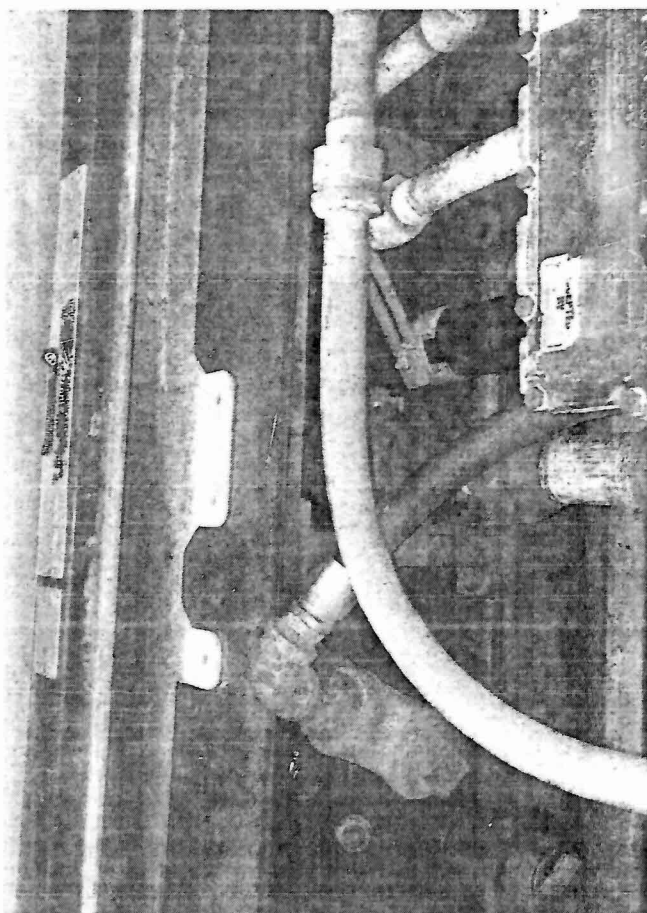
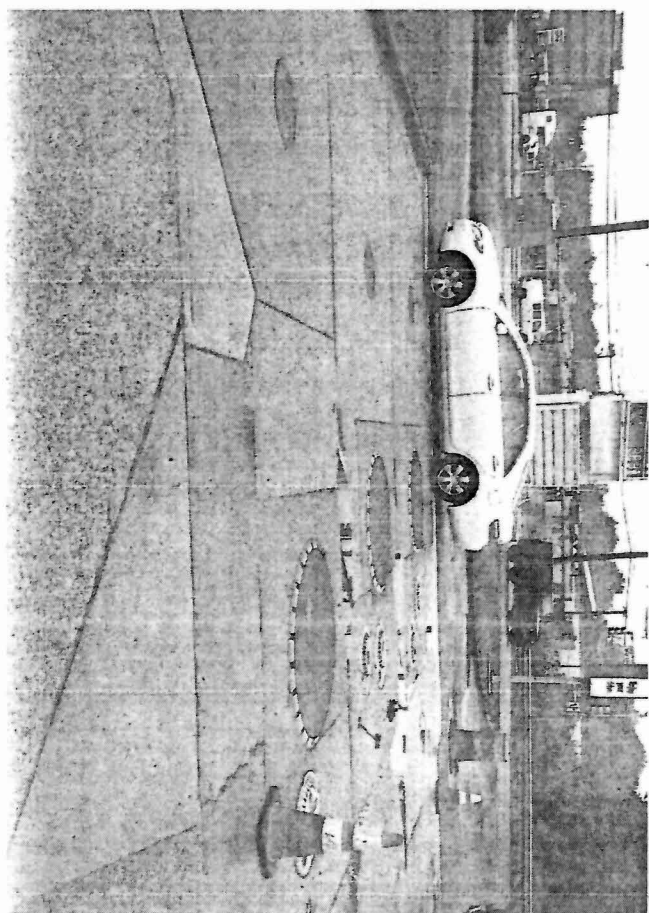
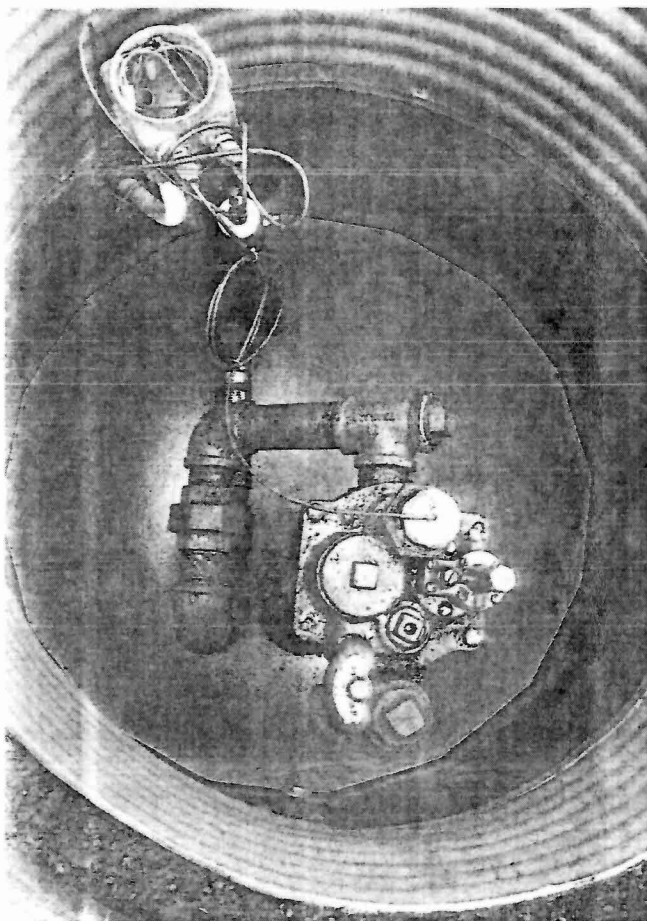
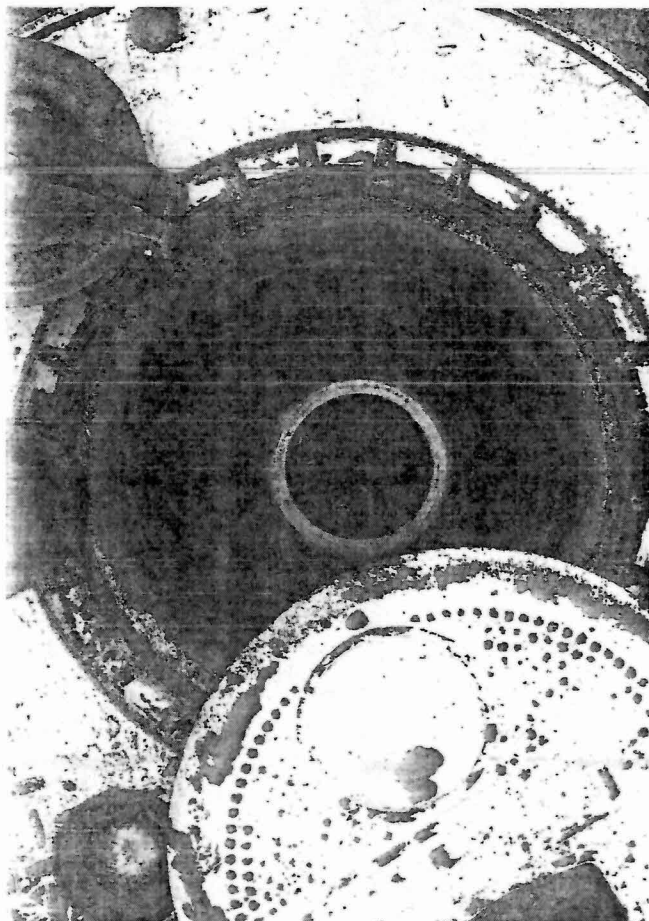
234

235

281

N15011932

282



283

284

016932



United States Environmental Protection Agency (EPA)

Region 2

290 Broadway

New York, NY 10007-1866

Underground Storage Tank (UST) Inspection Form

INSPECTOR NAME(S):

JEFF BLAIR

DATE:

10/08/12

SIC CODE:

ICIS #:

| | | | |
|---|---------------------------------------|--|-------------|
| I. Location of Tank(s) <input type="checkbox"/> Tribal | | II. Ownership of Tank(s) <input type="checkbox"/> same as location (I.) | |
| Facility Name NJ ENERGY CORP # 39985 | | Owner Name NJ ENERGY CORP. | |
| Street Address 468 ROUTE 17N | | Street Address 536 MAIN STREET | |
| City HASBROOK HEIGHTS, NJ | State NJ | City NEW PALTZ, NY | State NY |
| Zip Code 07604 | | Zip Code 12561 | |
| County BERGEN | | County | |
| Phone Number | | Fax Number | |
| Contact Person(s) EDGAR AMADOR, ENV. COMP. SPECIALIST | | Contact Person(s) SCOTT PARKER, DIRECTOR - FACILITIES | |
| IIA. Ownership of Other Facilities | | | |
| <input type="checkbox"/> Do you own other UST Facilities <u>Yes</u> / No | | | |
| If Yes, How many Facilities <u>34</u> | | How many USTs <u>112</u> | |
| III. Notification | | | |
| <input type="checkbox"/> Notification to implementing agency; name <u>NJ DEP (EFFECTIVE THROUGH ?)</u> | | | |
| State Facility ID # <u>016932</u> | | | |
| IV. Financial Responsibility <u>CHARLES SPECIALTY INSURANCE CO.</u> | | | |
| <input type="checkbox"/> State Fund | | <input type="checkbox"/> Private Insurance: Insurer/Policy # <u>ST 584-4288</u> | |
| <input type="checkbox"/> Guarantee | <input type="checkbox"/> Surety Bond | <input type="checkbox"/> Letter of Credit | |
| <input type="checkbox"/> Local Government | <input type="checkbox"/> Self Insured | <input type="checkbox"/> Not Required (Federal & State government, hazardous substance USTs) | |
| V. Release History <input type="checkbox"/> N/A | | | |
| <input type="checkbox"/> To your knowledge, are there any public or private Drinking Water Wells in the vicinity? Yes / <u>No</u> | | | |
| <input type="checkbox"/> Evidence of release or spills at facility | | <input type="checkbox"/> Greater than 25 gallons (estimate) | |
| <input type="checkbox"/> Releases reported to implementing agency; if so, date(s) _____ [280.53] | | | |
| <input type="checkbox"/> Release confirmed; when and how _____ | | | |
| <input type="checkbox"/> Initial abatement measures and site characterization | | <input type="checkbox"/> Free product removal | |
| <input type="checkbox"/> Soil or ground water contamination | | <input type="checkbox"/> Corrective action plan submitted | |
| <input checked="" type="checkbox"/> Remediation ongoing | | <input type="checkbox"/> Remediation completed, no further action; date(s) _____ | |
| Notes: ENVIRONMENTAL CONTACT -> KUBIN FLEDER ENST, INC. (800) 353-0052 | | | |

| VI. Tank Information | | Tank No. | E1 | E2 | E3 | | | |
|---|--|----------|-------------------|----------|----|--|--|--|
| Tank presently in use | | | NO | | | | | |
| If not, date last used (see Section XII) | | | ? | | | | | |
| If empty, verify 1" or less left (see Section XII) | | | NO | | | | | |
| Capacity of Tank (gal) | | | 12,000 G | 10,000 G | | | | |
| Substance Stored | | | GASOLINE | | | | | |
| M/Y Tank installed/ Upgraded | | | 01/98 | | | | | |
| <u>Tank Construction:</u> Bare steel, Sti-P3, Retrofitted sacrificial anode, Impressed Current, Composite, FRP, Interior lining, Vaulted, Double-walled (DW) | | | FRP | | | | | |
| Spill Prevention | | | SPILL BUCKETS | | | | | |
| Overfill Prevention (specify type) | | | BALL FLOAT VALVES | | | | | |
| <u>Special Configuration:</u> Compartmentalized, Manifolded | | | NO | | | | | |
| VII. Piping Information | | | | | | | | |
| Piping Type: Pressure, Suction | | | PRESSURE | | | | | |
| <u>Piping Construction:</u> Bare steel, Sacrificial Anode, Impressed Current, Flex, FRP, Double-walled (DW) | | | DW FRP | | | | | |
| Tank and Piping Notes: | | | | | | | | |
| VIII. Cathodic Protection | | | | | | | | |
| | | | N/A | | | | | |
| Integrity Assessment conducted prior to upgrade | | | | | | | | |
| <u>Interior Lining:</u> Interior lining inspected | | | | | | | | |
| <u>Impressed Current:</u> CP Test records | | | | | | | | |
| Rectifier inspection records | | | | | | | | |
| <u>Sacrificial Anode:</u> CP test records | | | | | | | | |
| CP Notes: | | | | | | | | |

| | | | | | | | |
|---|----|----|----|--|--|--|--|
| Tank No. | E1 | E2 | E3 | | | | |
| IX. UST system used solely by Emergency Power Generator | NO | → | | | | | |

X. Release Detection N/A ☐

| | | | | | | | |
|---|----------------------------|----|---|--|--|--|--|
| <u>Tank RD Methods</u> | ATG | | | | | | |
| | Interstitial Monitoring | | | | | | |
| | Groundwater Monitoring | | | | | | |
| | Vapor Monitoring | | | | | | |
| | Inventory Control w/ TIT | | | | | | |
| | Manual Tank Gauging | | | | | | |
| | Manual Tank Gauging w/ TIT | | | | | | |
| | SIR | | | | | | |
| <u>12 Months</u> (Must Make Available Last 12 Months Monitoring Records For Compliance) | | NO | → | | | | |

Tank RD Notes: (State What Months Records Were Available, Describe Any Failures and Describe What Investigation Occurred Due to Failure)

NO HISTORICAL TANK RELEASE DETECTION RESULTS
(ALL TANKS CONTAIN PRODUCT)

| | | | | | | | |
|--------------------------------------|----------------------------|------------------------------|--|--|--|--|--|
| <u>Pressurized Piping RD Methods</u> | | N/A <input type="checkbox"/> | | | | | |
| <u>12 Months Monitoring Records</u> | Interstitial Monitoring | | | | | | |
| | Groundwater Monitoring | | | | | | |
| | Vapor Monitoring | | | | | | |
| | SIR | | | | | | |
| <u>ALLD</u> | Annual Line Tightness Test | | | | | | |
| | Present | | | | | | |
| | Annual Test | | | | | | |

Piping RD Notes: (State What Months Records Were Available, Describe Any Failures and Describe What Investigation Occurred Due to Failure)

PWID VALVES IN 2/3 SUMP UNITS

XI. RepairsN/A ☒

Repaired tanks and piping are tightness tested within 30 days of repair completion

Y ☐ N ☐ Unknown ☐ ☒ N/A

CP systems are tested/inspected within 6 months of repair of any cathodically protected UST system

Y ☐ N ☐ Unknown ☐ ☒ N/A

Records of repairs are maintained

Y ☐ N ☐ Unknown ☐**XII. Temporary Closure**N/A ☐

CP continues to be maintained

Y ☐ N ☐ Unknown ☐ ☒ N/AUST system contains product and release detection is performedY ☐ N ☒ Unknown ☐

Cap and secure all lines, pumps, manways

Y ☐ N ☒ Unknown ☐**Notes:**

ALL THREE USTs GAUGED DURING INSPECTION:

REG 1 → GAUGED @ 60 7/8" FWD, 57 1/2" WATER, 3 3/8" PRODUCT

REG 2 → GAUGED @ 58 3/8" FWD, 53 1/4" WATER, 1 1/4" PRODUCT

REG 3 → GAUGED @ 56 1/4" FWD, 50 1/4" WATER, 0" PRODUCT

REPRESENTATIVE INDICATED EXXON PIPES UNDER
IN TANKS TO PREVENT GROUNDWATER UPROOTING
SAND TANKS

06932



THE UNITED STATES ENVIRONMENTAL PROTECTION AGENCY (EPA) REGION 2 UST
PROGRAM
Ground Water Compliance Section
New York, NY 10007-1866

Inspector Observation Report
Inspection of Underground Storage Tanks (USTs)

| | |
|--|--|
| <input type="checkbox"/> No violations observed at the conclusion of this inspection. | |
| <input type="checkbox"/> The above named facility was inspected by a duly authorized representative of EPA Region 2, and the following are the inspector's observations and/or recommended corrective action(s): | |
| Violations Observed: | |
| Regulatory Citation | Violation Description |
| § 230.70(a) | FAILURE TO CONTINUE OPERATION AND MAINTENANCE OF |
| § | RELEASE DETECTION IN A TEMPORARILY CLOSED TANK |
| § | SYSTEM |
| § | |
| § | |
| § | |
| § | |
| § | |
| § | |
| Actions Taken: <input type="checkbox"/> Field Citation; # _____ <input type="checkbox"/> Additional information required <input type="checkbox"/> On-site request/Due date _____ | |
| Comments/Recommendations: NO TANK RELEASE DETECTION RESULTS ON TEMPORARILY CLOSED TANKS (ONE OF TANKS CLOSED CONTINUED PRODUCT) | |
| Name of Owner/Operator Representative: Edgar Amador (Please print) [Signature] (Signature) | Name of EPA Inspector/representative JEFFREY K BLAIR (Please print) Jeffrey K Blair (Signature) (Credential Number) |
| Other Participants: _____ _____ _____ | Date of Inspection 10/08/12 Time 10:40 AM/PM |

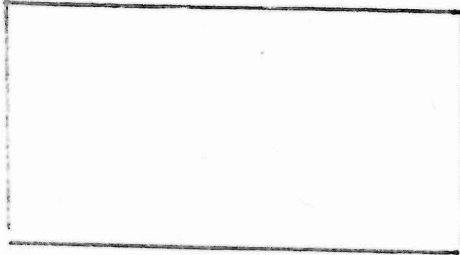
SITE DRAWING

DATE: 10/03/12 TIME ON SITE: 10:00AM TIME OFF SITE: 10:40AM

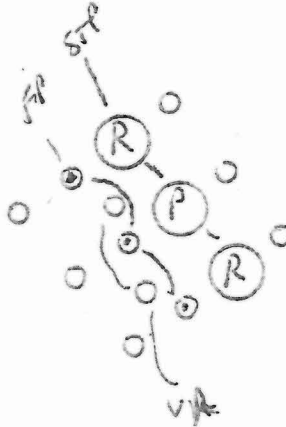
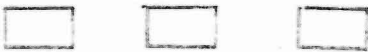
WEATHER: 55° + overcast

ENVIRONMENTALLY SENSITIVE AREA: Y ☐ N ☒

If "Yes", please describe:



DISPENSERS



PHOTOS

- 232 FP REG
- 233 STP REG
- 234 FP MID
- 235 STP MID
- 236 FP PRE
- 237 STP PRE
- 238 FUEL PAD
- 239 TANK MONITOR
- 240 SITE

Pictures

Required Fields to be used for ICIS OnlyCompliance Monitoring

Activity: UST Inspection

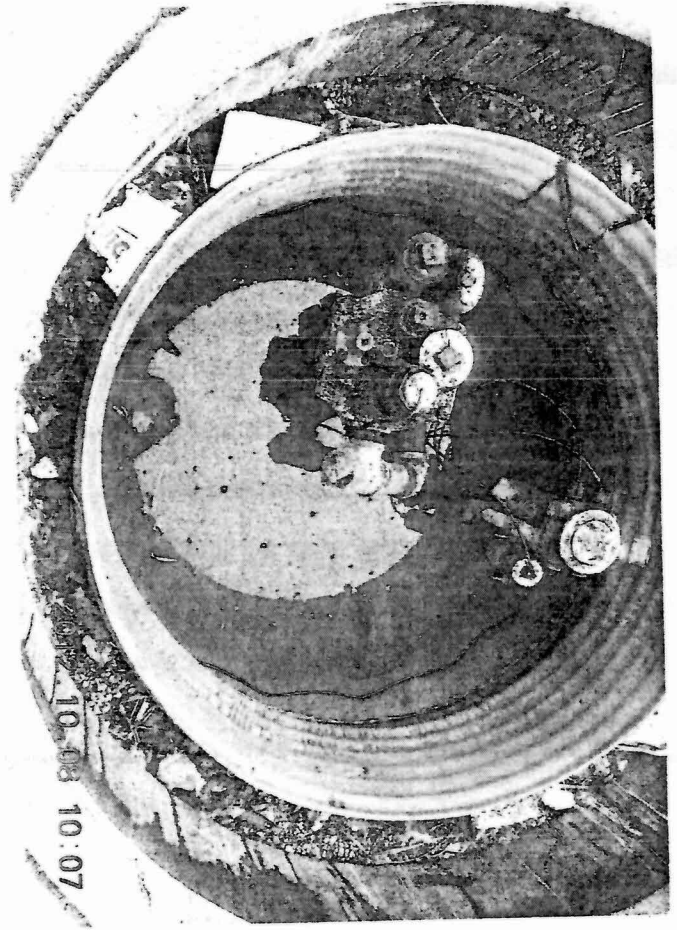
Inspection Conclusion Data Sheet1) Did you observe deficiencies (preferred violations) during the on-site inspection? YES

Deficiencies observed: (Put an X for each observed deficiency)

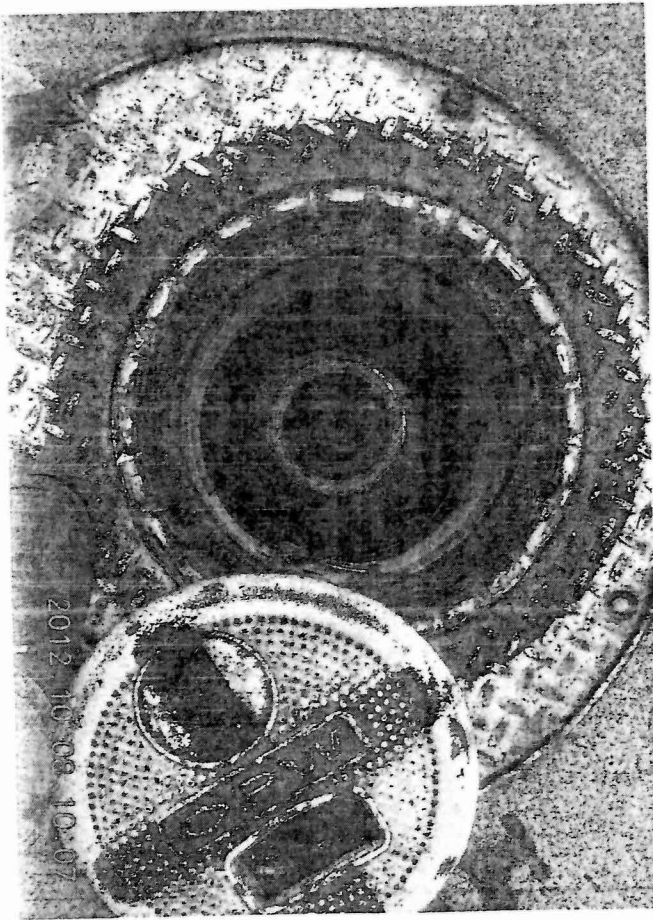
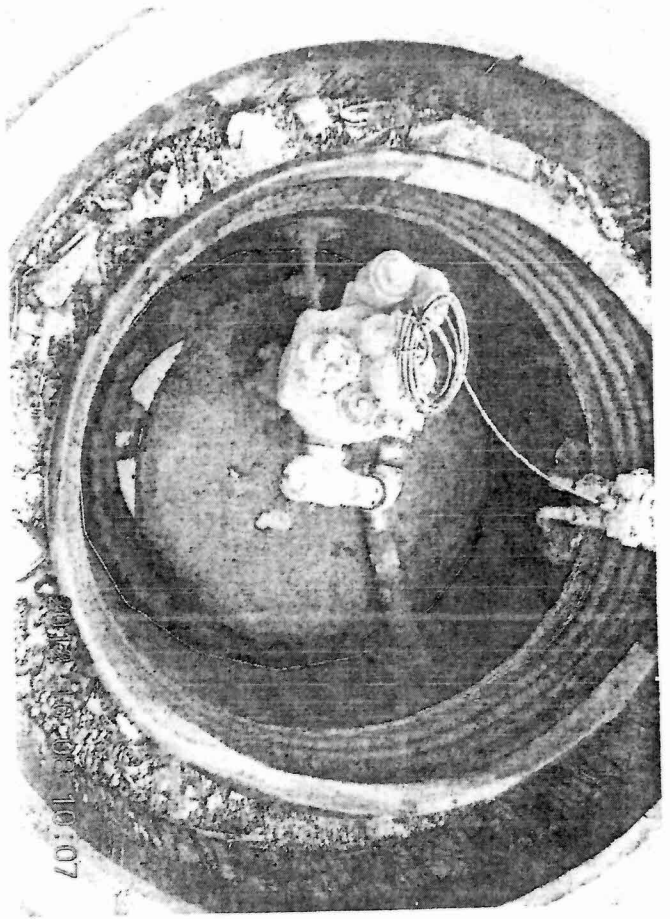
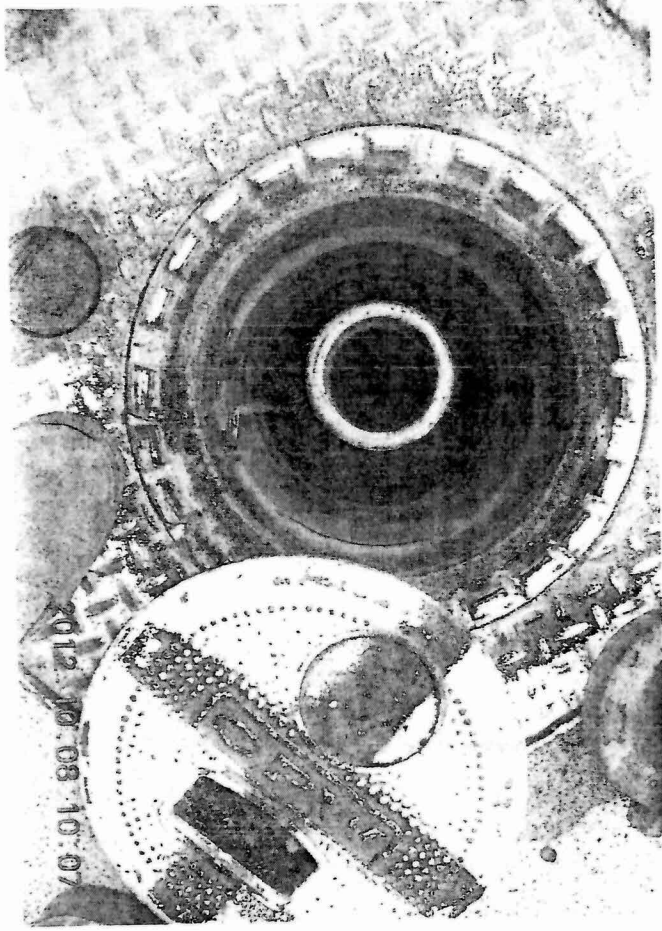
☒ Potential failure to complete or submit a notification, report, certification, or manifest☒ Potential failure to follow or develop a required management practice or procedure☒ Potential failure to maintain a record or failure to disclose a document☒ Potential failure to maintain/inspect/repair meters, sensors, and recording equipment☐ Potential failure to report regulated events, such as spills, accidents, etc.2) If you observed deficiencies, did you communicate the deficiencies to the Facility during the inspection? Yes / No3) Did you observe the Facility take any actions during the inspection to address the deficiencies noted? Yes / NoIf yes, what actions were taken? INDICATES WILL BEGIN MONTHLY TANK RELEASE DETECTION RECORDING4) Did you provide general Compliance Assistance in accordance with the policy on the role of the EPA Inspector in providing Compliance Assistance during Inspections? Yes / No5) Did you provide site-specific Compliance Assistance in accordance with the policy on the role of the EPA Inspector in providing Compliance Assistance during the inspection? Yes / No

016952

201

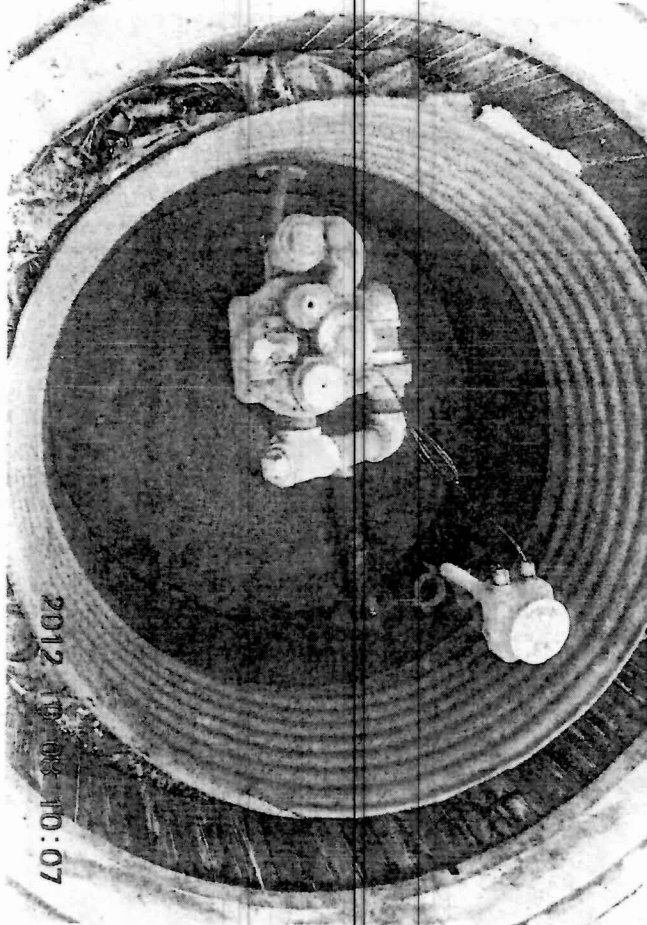


200

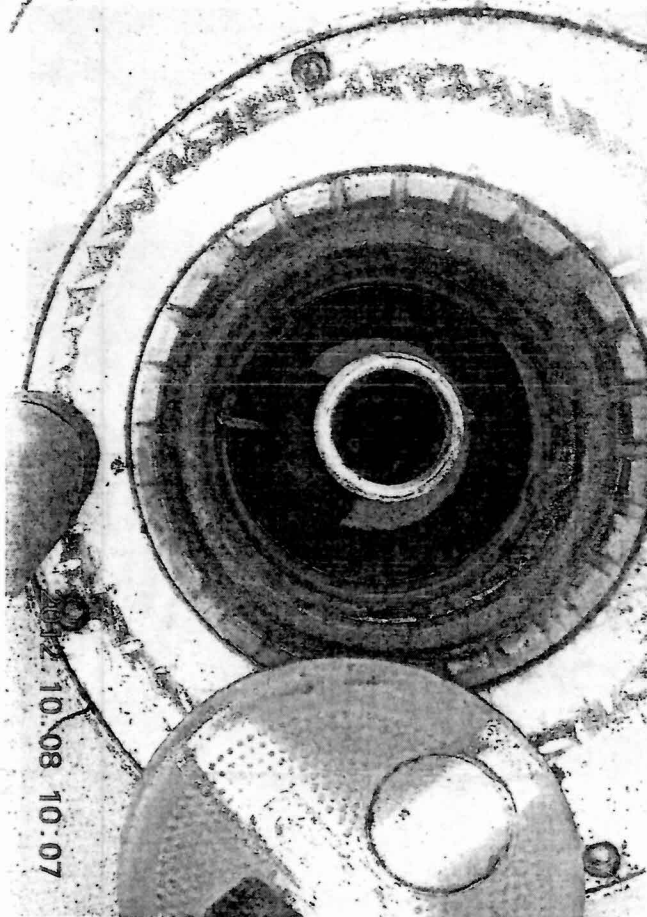


016932

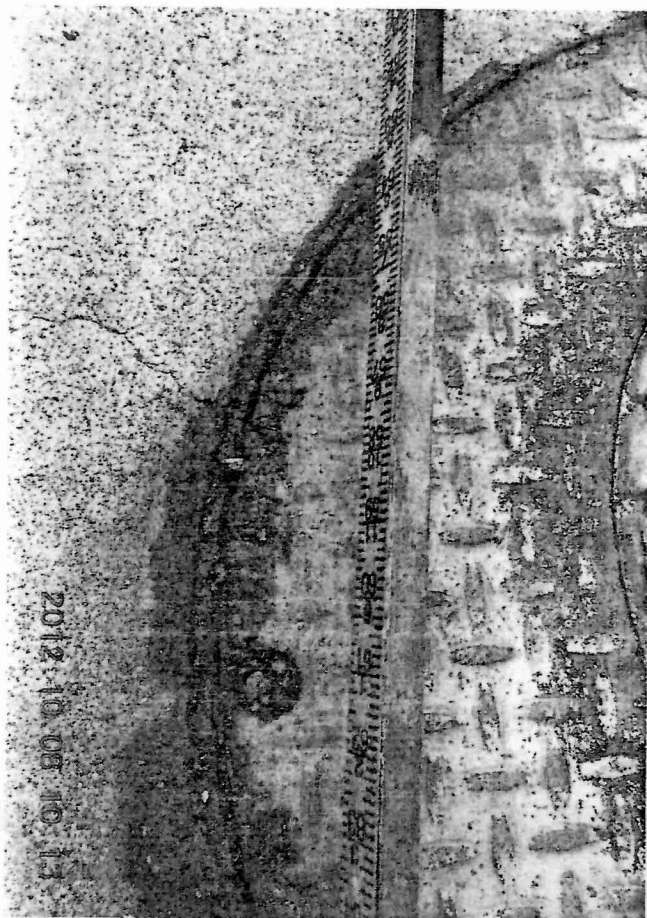
205



204



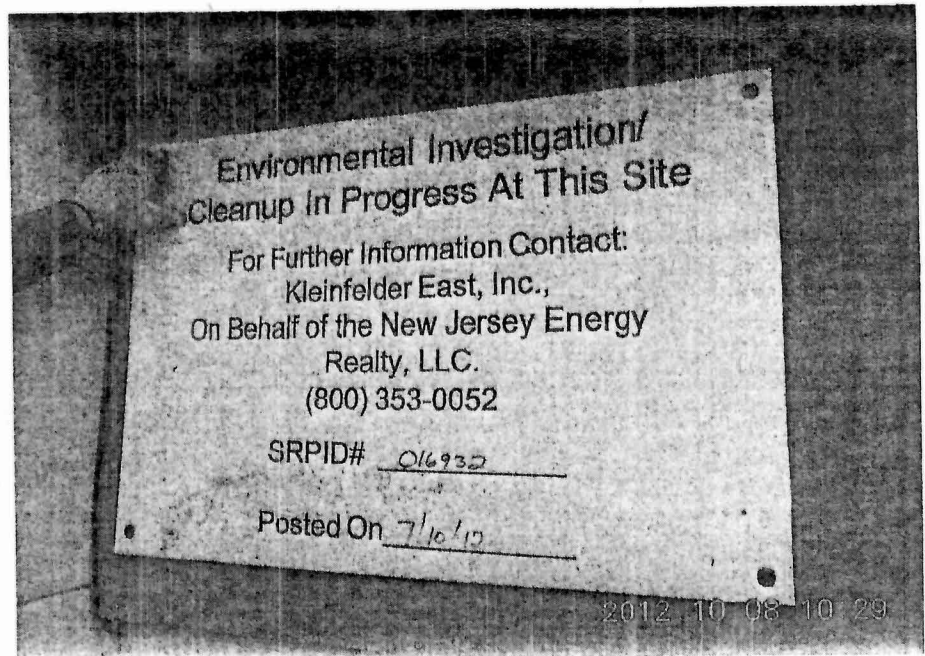
207



206

016932

209



209

